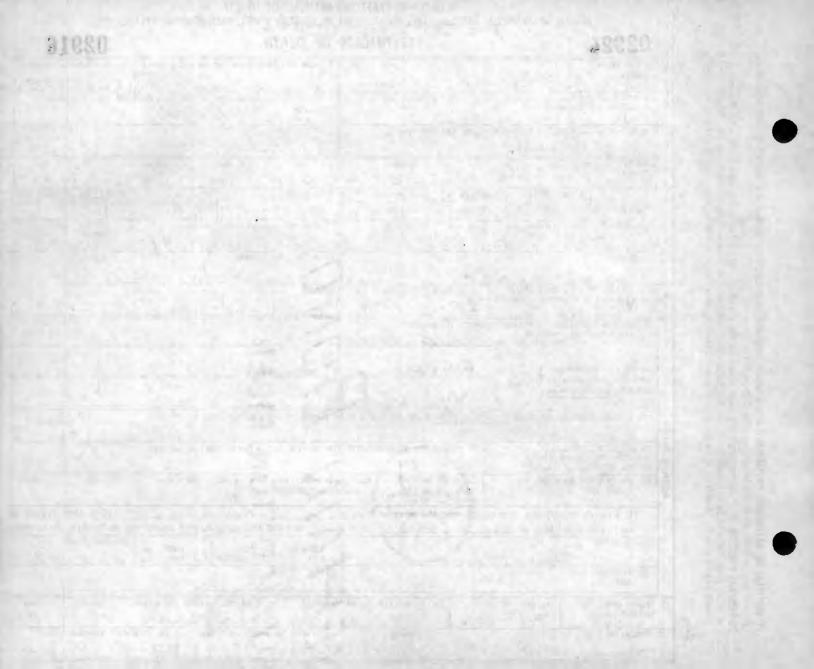
	1	1	MARYLAND STATE DEPARTMENT OF HEALTH
_	=2.50	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02923 CERTIFICATE OF DEATH
hours after death.	funeral l and 2 r death.	1,	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
ter			WORESTER MARYLAND WORCESTE
55	by t Page IIIs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hoe	ed in 2 hou	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS    e. IS RESIDENCE
n 24	y filled papers hin 72 h	2	HOLLAND NURSING HOME YES NOW
withi	n and completely filled in by the remove carbon papers. Pages 1 in any event, within 72 hours after	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
ted	comple ve cal	5.	(Type or print)  OESSIE VR VDEN DENNIS OEATH  SEX   6, COLOR OR RACE   7, MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE   11 years   IFUNDER 1 YEAR   IFUNDER 24 HR
xecu	emo		WIDOWED DIVORCED SERT. 12,1879 87 yrs. Months Days Hours Min.
pe (	ysician please i	dui dui	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cate	physician n please al and ir	13	HOUSEVUIFE OWN HOME SNOW HILL, MOTHER'S NAME
The law requires that the death certificate be executed within	attending ph ermit. Then on, or removal		ROBERT LAMES DRYDERY NARY ELLEW DAVIS
the C	mit.	(Y	5. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
des	the atten it permit. nation, or	==	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
at the	d by ransi crem		PART I. DEATH WAS CAUSED BY:  Ston Clip to neumonia - Right lung Onset and Death 7 days.
S th	signed by urial-transiurial, crem		Conditions, if any, which \ Due TO
quire	artending physician; s has been signed b se as the burial-tran th prior to burial, cre		gave rise to immediate cause (a), stating the DUE TO
W re	has b as th prior	2	underlying cause last. (c)
The Is	al of acterioning prystical.  Ificate has been signed by the attention use as the burial-transit permit.  Health prior to burial, cremation, or	SATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PROPERTY OF THE PART II.
AN:	certificate hed for use to differ the for use to differ the for use to differ the for use the formula for use the form	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN:	this cer detached e Dept. o		
HA S	oy the nos lifter this co be detache State Dept.	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
OR ATTENDING PHYSICIAN: The	After ald be d	2	p.m. 19   at work   1   21.   I certify that (!) (this hospital) attended the deceased from 1967, to 74 , 1967 that (!) (we) last
E S	y be retained DIRECTOR: / age 3 should lied with the		saw the deceased alive on 76669, and that death occurred at M, from the causes and on the date stated above
. 9			DONN Kat T M.D. ATTENDING MED. STAFF 2-17-67
TO HOSPITAL	ERAL Or, p		22c. PHYSICIAN'S DAVID RAFAT 22d. ADDRÉSS SNOW HIM MI
HOS	Should direct	23	
2"	2	24	13VRIALI HIGH / OWEN IN EWARK WORTH
VR	A15 (4)		Anne A. Bubye Berlin M DATFEB 23 1967 golianles Judge

ateso ASSESSMENT TO THE PROPERTY OF THE PERSON OF and the second s BETTE DEVOCA DEMNIE TO FOR IN Dest 12 1818 6.1 HOUSENSES DANHERS SNEW HILLMAN WERE RISERT LAMES DRYDEN MARY CLUCK DAVIS ING NIG 220-32-3419 WASTER C. DENNIS NEW WILL Talan Marie Talant Marie - KI - Lee Selve

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02924 by the funeral Pages I and 2-hours after death: death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ORCESTE! requires that the death certificate be executed within 24 hours after director, page 3 shauld be detached far use as the burial-transit permit. Then please le nove carban papers. Pages l shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and many event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FALIN LIN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in 28 Burley St. VRLE NO ghove carban 3. NAME OF Middle 4. DATE Month Year First (Type or print) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX X DATE OF AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Jost Months Doys Hours WIDOWED DIVORCED attending physician and ermit. Then please term 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15. WAS DECEASED EVER IN U.S. ARMED FOR GES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FUNGES:
(Yes, no, by Inknown) (If yes give wor or doles of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: the ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUF TO 1/2 lu Conditions, if any, which gave (b) rise to immediate couse (a). DUF TO stoting the underlying couse has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this hospital) attended the deceased from Create 1 \_\_\_\_\_, 1966, to hell a - , 1967, that (1) (we) lost 1962, and that death accurred at 6400 M, fram causes and on the date stoted above. saw the deceased glive an 2- a-22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** -17-65 DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d AOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, 236. DATE THEREO! (County) REMOVAL (Specify) UCKINGHA 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** orlingen



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATMaryland by orcester Worcester P.M.3. Poge 00 MARYLAND deloy and 3 t Deportment c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 16 Rural Whaleysville Rural Whalevsville vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Give Poges 1, Route 1 Box 174 Route 1 Box 174 D With the State E within 72 hour YES NO ofter death. 3. NAME OF Middle DATE Last Month Year DECEASED Meredith 9,1967 Roberts Alice Feb. (Type or print) DEATH 19 9. AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 58st birthday) Manths Doys Haurs Item 18. 8-23-08 DIVORCED hours Event 10a. USUAL OCCUPATION (Give kind of work dane during mass of working like, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT New Jersey 24 pages I = pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Joseph Roberts Mabel Kirby File pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates al service) ward "pending" i the Chief Medical removal 146-16 2029 Walter Meredith, husband, same, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY In s Cap AND DEATH Coronary occlusion burial, cremotian, or IMMEDIATE CAUSE (a) ecute the certiticate, writing the ward Page 4 should be forwarded to the Ch **DUE TO** Conditions, if ony, which gove A.S.C.V.D. Unknown (b) rise to immediate cause (a), DUE TO stoting the underlying cause 0 0 lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) pleose execute the certificote, NO X Obesity agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) While Nat While moy be retoined far yaur FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry and in my opinian Undetermined manner death resulted from Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE Feb.9 Worcester Word Examiner of Country Townsend Jr. **EXAMINER'S** 1967 Heolth 4 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (State) (County) 0 Burlington N.J. Feb. 13.1967 Odd Fellows 250. REC'D BY REGISTRAR FEB 1 256 REGISTRAD S GNATURE 1967 24. FUNERAL DIRECTOR VR A15ME (5) Selbyville, Del. DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

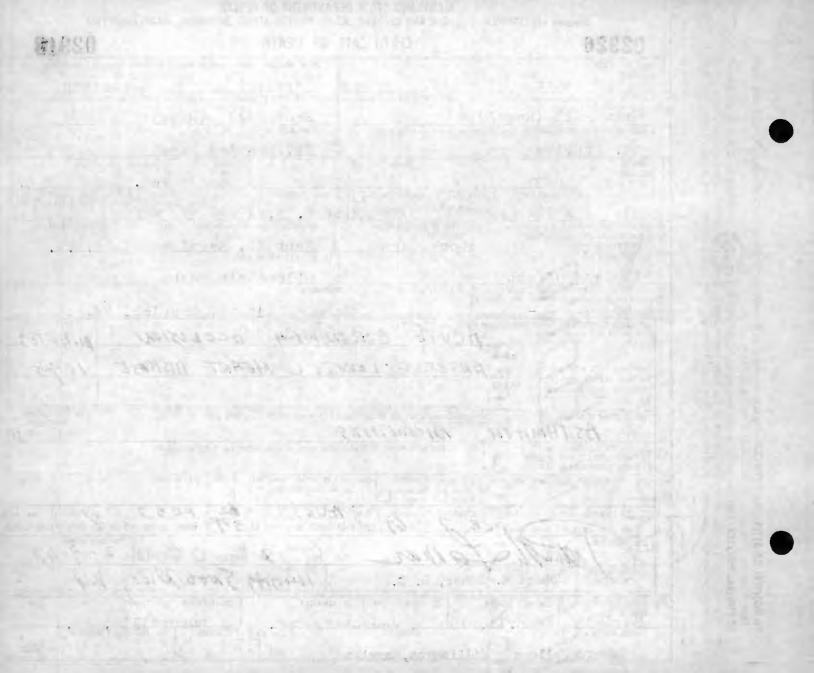
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

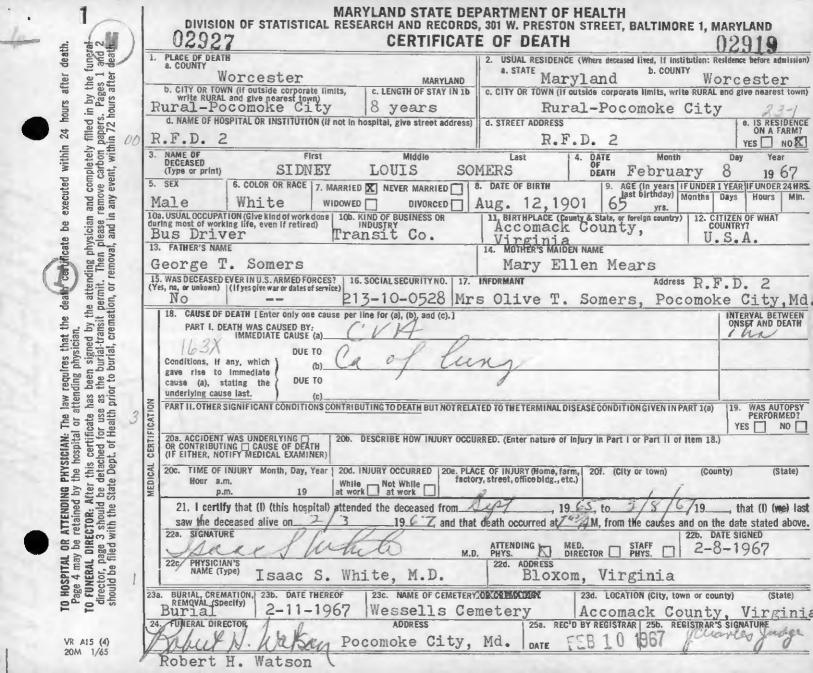
	02926	CERTIFICATE	OF DEATH		OZSIS			
1	. PLACE OF DEATH			Nhere deceosed lived, if institution				
	o. COUNTY Worcester	MARYLAND	o. STATE b. COUNTY Worcester					
$\perp$	b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)							
	write RURAL and give nearest town)							
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	ol anya street address)	d. STREET ADDRESS	11 (Rural)	e, IS RESIDENCE			
0		01, 9116 311661 0001033)	1		ON A FARM?			
Ę	Mt. Ephriam Farm	65 4.4		riam Farm	YES NO			
1	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year			
	(Type or print) LUSBY		PETT	DEATH Peb.	7 19 67 IFUNDER 1 YEAR   IFUNDER 24 HRS.			
	S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	last birthday)	Manths Days Hours Min.			
	Male White WIDOW			.909 57 yrs.	Lin critical of tillian			
	during most of working life, even if retired)	3. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
L	Manager S	tock Farm	Kent Co	. Maryland	U.S.A.			
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
L	William Moffett		Wilhemi	nia Lusby				
Г	(Yes, no, or unknown) (If yes give war ar dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address				
	NO -	Hs	arold Stad	ham. Warwick	. Md.			
	1B. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c).)			INTERVAL BETWEEN			
	PART 1. DEATH WAS CAUSED BY:	CUTE CORO	N ARY	OCCLUSION	ONSET AND DEATH			
П	1001 DUE TO				,,,,			
	Conditions, if ony, which gove ) (b)	eternes clero	TUC HE	EART DISLOWS	E loys			
	rise to immediate cause (o), ( stating the underlying couse DUE TO							
	lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?			
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	20g. ACCIDENT WAS UNDERLYING 🖂 205	. DESCRIBE HOW INJURY OCCURRED.		Port I or Part II of item 18.)				
12	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		` '					
MEDICAL (	20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e, PLAC	E OF INJURY (Hame, farm	n, 20f. (City or town)	(County) (State)			
1	Hour o.m.		ory, street, office bldg., etc.)					
Т	Ditti. UI	work L at work L	A-UC /	0 102 to FFB 7	10 67that [] [was last			
1	21. 1 certify that (1) (this haspital) attended the deceased from 1904, 1962 to 10837, 1947 that (1) (we) last saw the deceased alive on 1083, 1962, and that death occurred at 539M, from couses and on the date stated obove.							
1	22a. SIGNATURE	1	T DOOM OCCORDE DE	2 / 11/ 110111 100303 01	22b. DATE SIGNED			
	Marsh of	a huar _ M.C	D. PHYS.	MED. STAFF DIRECTOR PHYS.	2-9-67			
1	22ct PHYSICIAN'S	4	22d ADDRESS	c. M	11.4			
/[	NAME (Type) Robert C. Lal	Mar, M. D.	1840349	1) NOW XILL	Mg			
=	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	i) (County) (Stote)			
, [	REMOVAL (Specify)							
1	Burial Feb. 11,	1967 Shrewshe	2So. REC'I	BY REGISTRAR ZSb. REGI	STRAR'S SIGNATURE			
			F		Charles Judge			
L	Edward Fellows Mil	lington Maryland	DAILE		1 1			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending playscian and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then play remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after deam





and the second 1 10 a 20 a 20 a 20 a 3 Later Comme Andrew Street

MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH funeral 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY DORCP MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Snow Hill. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? within Dighton Ave. NO YES letely executed within NAME DE DECEASED First Middle Month Last DATE Oay (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IFUNOER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Qays | Hours | Min. 8. any WIDOWED [ DIVORCED physician in please reval, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ON death certificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. cremation, or r (Yes, no, or unknown) (If yes pive war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OEATH PART I. OEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) been signer the burial-t or to burial, DUE TO sterio selvo Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last, 93 (C) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO Page 4 may be ATTENDING MEO. DIRECTOR STAFF PHYS. O HOSPITAL FUNERAL PHYSICIAN'S AOORESS director, p should be NAME (Type) 23a. BURIAL, CREMATION, OATE THEREOF 23c, **CEMETERY OR CREMATORY** 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) 2, anu . o. COUNTY b. COUNTY Reeste Department of ofter death. c. LENGTH OF STAY IN 1b c. FIV OR TOWN. (If autside carparate whits, write RURAL and give nearest town (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A EARM? along with form within 72 hours Give Pages 1, with the Stote NO 3. NAME OF DATE Year DECEASED (Type or print) DEATH 6. COLOR OR RACE IF L'INDER IF UNDER Manths Hours event 12. CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND-OF BUSINESS WICOMICO in any poges 13 FATHER'S NAM 14 MOTHER'S MAIDEN NAME certificate should be executed within Page 4 should be farwarded to the Chief Medical Examine File puo INFORMANT 15. WAS DECEASED EVEK IN U.S. ARMED FORCES: (Yes, no, or unknown) (If yes give war or dates of service) removol pending 1B. CAUSE OF DEATH (Enter only one cause per line for (a) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremation, writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse used os 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ONC pe ogent, prior to 20g. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part J or Part II of item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. AL EXAMINER: 20e. PLACE OF INJURY (Home, farm, fartow street, office bldg., etc.) at work designoted 21. I certify Hat I took charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion the funerol director. death resulted from: Naturol couses Accident Suicide X Homicide Undetermined monner be retained O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL **EXAMINER'S** Heofth ( NAME (Type) BURIAL, CREMATION DATE THEREOF 23dl LOCATION (City or Town) (State) 0 REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME 19

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1 and 2 and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY the ). ges 1 after after Worcester Maryland Worcester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. rewrite RURAL and give nearest town) DOUTS Pocomoke City City ocomoke .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 209 Lindn Ave. 209 Linda NO DE Ave. YES i and completely f remove carbon pa n any event, within within DATE NAME OF Month Year First Middle Day DEATH February 25 DECEASED John Edward Williams (Type or print) 19 67 executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Male Oct.15.1896 WIDOWED DIVORCED Negro nding physician a Then please re removal, and in lease re and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Manylland Laborer Farm work certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amonda: ? attending 17. INFORMANT 209 Linda Ave. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or (Yes, no, or unknown) ((fyes give war or dates of service) death Mrs.Eva Dix Pocomoke City INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which CORGNARY IN SUFFICIENCY UNDETERN gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING the hospital DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 1206. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) FUNERAL DIRECTOR: After tirector, page 3 should be divould be filed with the State Hour a.m. While Not While OR ATTENDING I 19 at work at work 19 C Z that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1946\_ to. 1966, and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. director, page should be filed Page 4 may b DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) OCOMOKE BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, (State 9 Burial 46 Wharton Centery Parkslev UNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR New Church. 196 VR A15 (4) 15M 4-64

STATE DEPARTMENT OF HEALTH

SSESO UNDER STATE OF THE STATE Physical Company of the Company of t The Tark State Carry ALL THE RESERVE AND THE PARTY OF STREET, AND T Company of the control of the contro THE PERSON NAMED IN STREET